

COllaborative Management Platform for detection and Analyses of (Re-) emerging and foodborne outbreaks in Europe

Infectious disease detection in the era of next generation sequences: opportunities, challenges, and the COMPARE project

Prof. Marion Koopmans, (Erasmus Medical Center, the Netherlands) @MarionKoopmans Prof Frank Aarestrup (DTU, Denmark)



This project has received funding from the European Union's Horizon 2020 research and innovation program under grant agreement 643476

Severe Respiratory Illness Associated with Enterovirus D68 - Multiple States, 2014

🖪 Recommend 💓 Tweet 🚹 Share



Distributed via the CDC Healt September 12, 2014, 17:00 ET CDCHAN-00369





Middle East respiratory syndrome coronavirus (MERS-CoV)

Avian influenza H7N9 China H5N1 Egypt

13 June 2014

Enterovirus 68

Update on MERS-CoV transmission from animals to humans, and interim recommendations for at-risk groups

Statement on the 1st meeting of the IHR Emergency Committee on the 2014 Ebola outbreak in West Africa

WHO statement 8 August 2014 WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus

WHO statement 5 May 2014

Infectious disease situation 2015

- Dynamics of common infectious diseases are changing
 - Demographic change, population density, anti vaccine movement, AMR, etc.
- New diseases emerge frequently
 - Deforestation, population growth, health systems inequalities, travel, trade, climate change
- Effects are difficult to predict due to complexity of problems
- Public health and clinical response depend on global capacity for disease surveillance

Global capacity for emerging infectious disease detection

Emily H. Chan^{a,b}, Timothy F. Brewer^{c,d}, Lawrence C. Madoff^{c,e}, Marjorie P. Pollack^c, Amy L. Sonricker^{a,b}, Mikaela Keller^{a,b,f}, Clark C. Freifeld^{a,b}, Michael Blench^g, Abla Mawudeku^g, and John S. Brownstein^{a,b,d,f,1}

^aHealthMap, Children's Hospital Informatics Program, Harvard–Massachusetts Institute of Technology Division of Health Sciences and Technology, Boston, MA 02215; ^bDivision of Emergency Medicine, Children's Hospital Boston, Boston, MA 02215; ^cProMED-mail, International Society for Infectious Diseases, Brookline, MA 02446; ^dDepartments of Medicine and Epidemiology, Biostatistics and Occupational Health, McGill University, Montreal, QC, Canada H3A 1A2; ^eDepartment of Medicine, University of Massachusetts Medical School, Worcester, MA 01655; ^fDepartment of Pediatrics, Harvard Medical School, Boston, MA 02215; and ^gGlobal Public Health Intelligence Network, Health Portfolio Operations Centre, Centre for Emergency Preparedness and Response, Public Health Agency of Canada, Ottawa, ON, Canada K0A 0K9

Edited by Burton H. Singer, University of Florida, Gainesville, FL, and approved October 29, 2010 (received for review May 10, 2010)

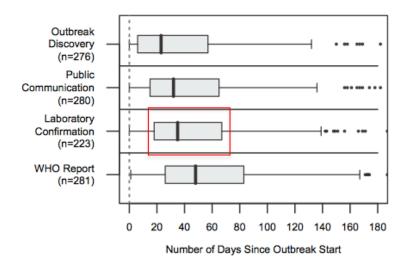


Fig. 2. Box plots of the median time between estimated outbreak start and various outbreak milestones for a subset of WHO-confirmed outbreaks, 1996–2009. Public communication refers to the earliest date of the public being informed about the existence of cases. WHO report refers to the date of WHO's *Disease Outbreak News* report about the outbreak. Some extreme outliers are not shown. *n*, sample size.

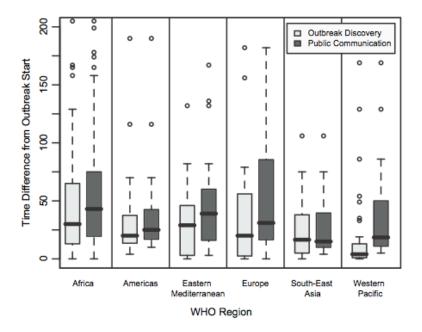
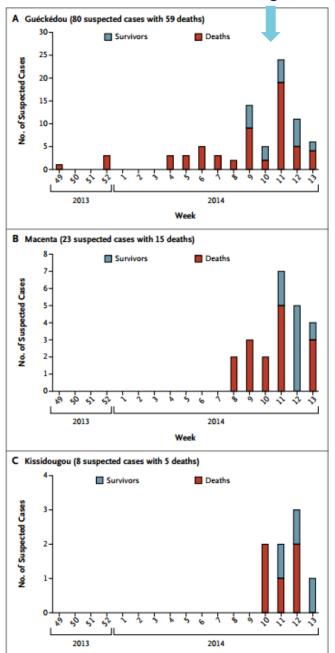


Fig. 4. Box plots of the median time difference from estimated outbreak start to outbreak discovery and public communication about the outbreak for selected WHO-verified outbreaks, 1996–2009, across various WHO regions. Extreme outliers are not shown.

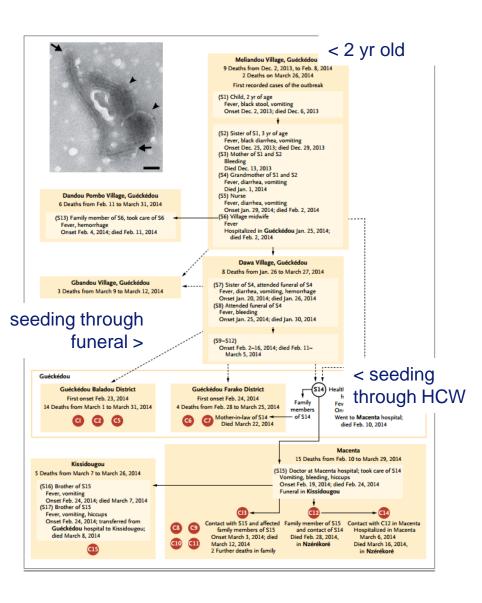
Start outbreak EBOV

- March 10, 2014 notification unknown disease characterized by fever, severe diarrhea, vomiting and high fatality rate in Guéckédou and Macenta in Guinea.
- March 22, EVD reported by Guinea to WHO.
- March 27, EVD suspected cases in Liberia and Sierra Leone related to outbreak in Guinea.
- April 3d: ZEBOV Dx





Week



Diagnosis

Animal surveillance, Gabon 2001-3



Figure 2. Field watertight clothes equipped with air filtration equipment, used for high-risk wild animal necropsy. Odzala National Park, Republic of Congo, June 2003. Photo: P. Rouquet.

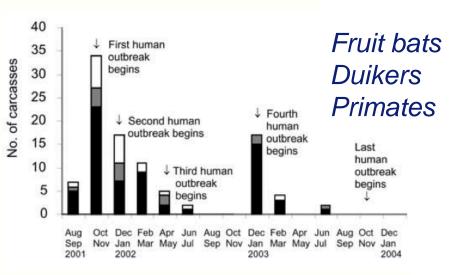
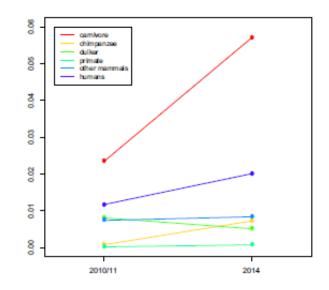


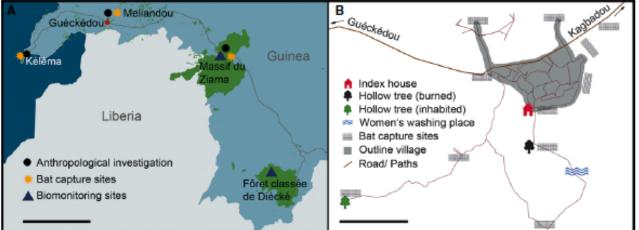
Figure 4. Temporal distribution of carcasses found in the forest straddling the border between Gabon and the Republic of Congo (2001–2003). Two peaks of mortality were observed: the first occurred in the Ekata region (Gabon) from November to December 2001 and the second from December 2002 to February 2003 in the Lossi gorilla sanctuary (Republic of Congo).

Outbreaks in animals detected prior to (4/5) human disease outbreaks

Convincing evidence for bushmeat related introductions





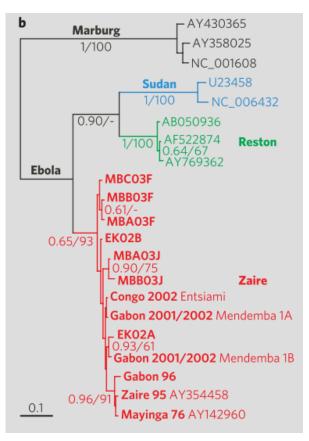


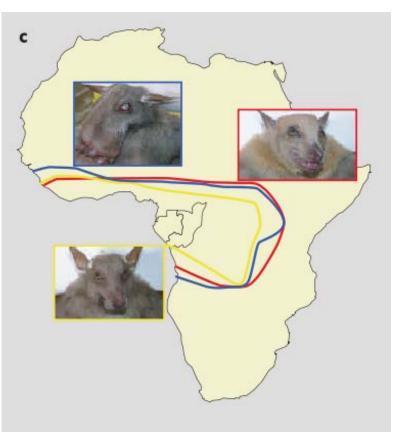
Single zoonotic event in Meliandou, bat-borne, followed by human2human transmisison

Saez et al., EMBO Mol Med, 2014



Fruit Bats as reservoir for EBOV





Overlapping ecological niche No symptoms Infection cyclical Potential source of introduction into West Africa

Leroy et al., 2005

Potential under-reporting of Ebola

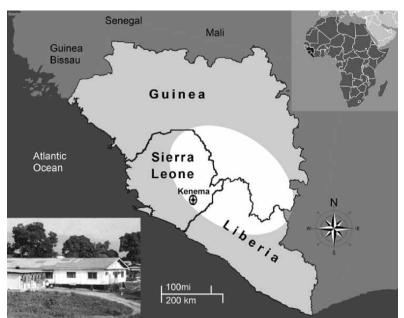


Table 2. Patients' antibody reactions to arthropod-borne and hemorrhagic fever virus antigens, Lassa Diagnostic Laboratory, Kenema, Sierra Leone, October 2006–October 2008*

	No. positive /total	No. IgM only					
Virus	(%)	positive/total (%)					
Dengue	11/253 (4.3)	6/250 (2.4)					
West Nile	7/253 (2.8)	3/250 (1.2)					
Yellow fever	5/201 (2.5)	5/201 (2.5)					
Rift Valley fever	5/253 (2.0)	5/253 (2.0)					
Chikungunya	10/253 (4.0)	5/253 (2.0)					
Ebola	19/220 (8.6)	18/219 (8.2)					
Marburg	8/220 (3.6)	7/219 (3.2)					
Crimean-Congo	0/220	Not tested					
hemorrhagic fever							
Total	65/253 (25.7)	49/253 (19.4)					
- · · · · · · · ·	ELIOA I	1 14 14 1					

EBOV disease detection issues

- Delayed diagnosis
- Lack of understanding of possible zoonotic threats from wildlife
- Lack of surveillance recognizing unusual clinical syndromes
- Lack of routine and reference laboratory capacity for evaluation of (unusual) disease
- Change in outbreak profile from rural to urban > rapid spread

Potential added value of genome sequencing

- 1. Zaire-like virus
- 2. Single introduction
- 3. Two introductions into Guinea

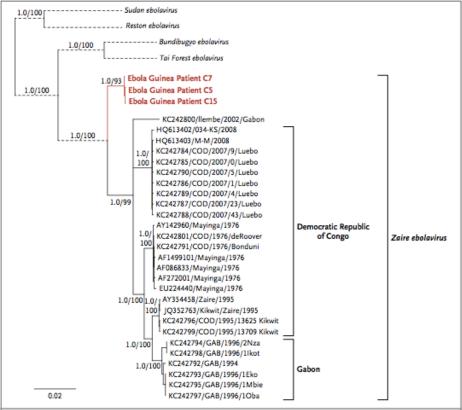
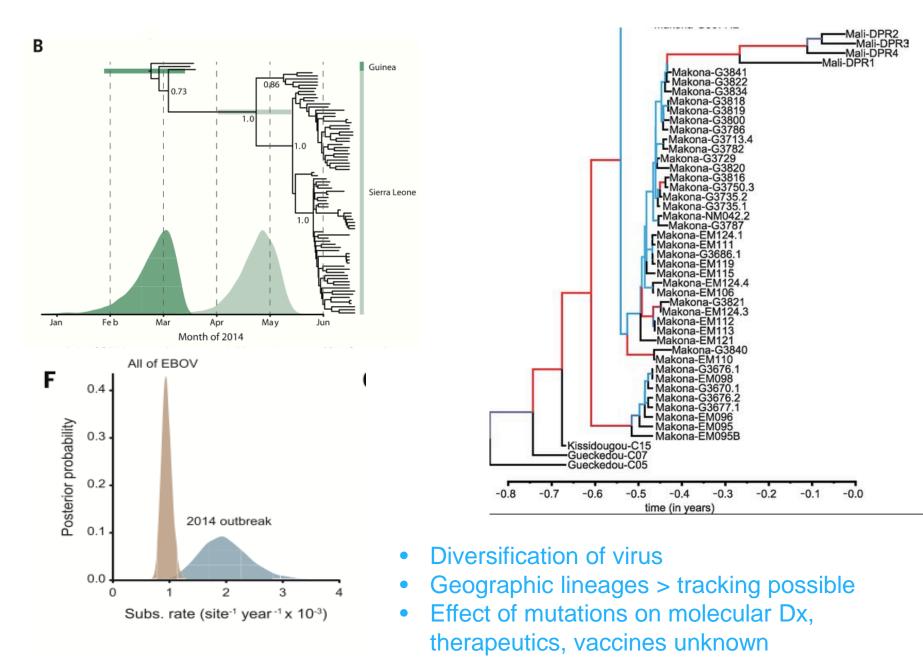
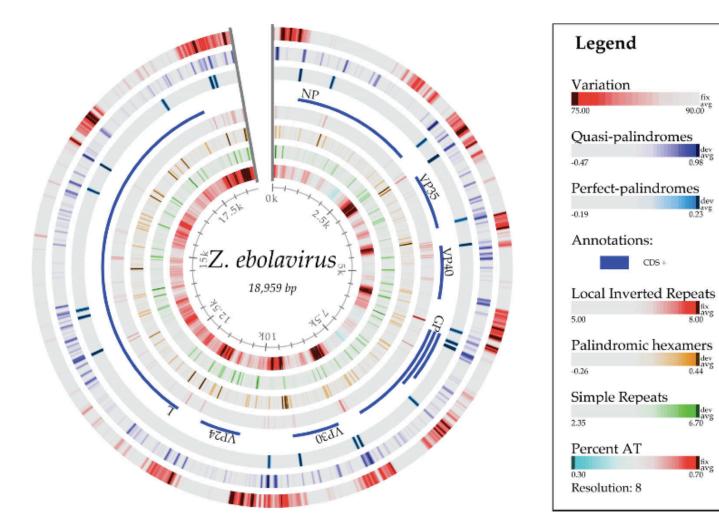


Figure 3. Phylogenetic Analysis of the Ebolavirus Genus, Including the EBOV Strains from Guinea.

The phylogenetic tree was inferred with the use of the Bayesian Markov Chain Monte Carlo method. A second tree that was inferred for the same set of sequences with a maximum-likelihood method confirmed the Bayesian tree (data not shown). Bayesian posterior probabilities and bootstrap percentages (1000 replicates of the maximum-likelihood tree) are shown on the branches. For clarity of presentation, the branches for the non-EBOV species were shortened and condensed (dashed branches). The GenBank accession number, strain designation, country of origin, and year of isolation are indicated on the EBOV branches. The EBOV Guinea strain is available from the European Virus Archive (www.european-virus-archive.com).



Gire et al., 2014; Hoenen et al., 2015

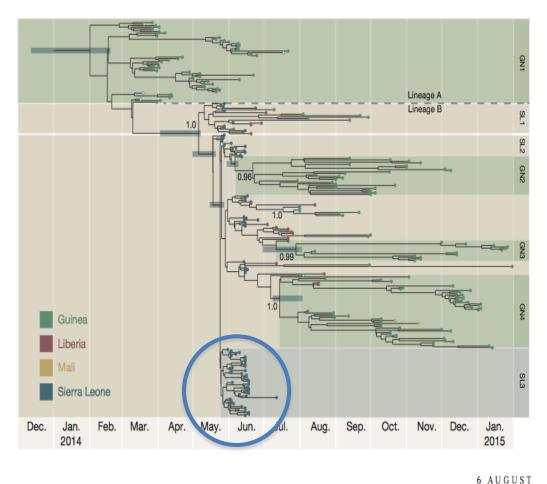


fix

Figure 5. Atlas of the genome of ebolavirus KJ660347, showing, from the outer ring inwards, variations within 84 other ebolavirus genomes, structural cruciforms and palindromes (van Noort et al. 2003), the coding sequences, local inverted repeats, palindromic hexamers, simple repeats and AT content. The conservation percentage (%) is defined as the number of genomes with the same letter on a multiple sequence alignment normalized to range from 0 to 100% for each site along the chromosome of Ebola KJ660347.

Jun et al., 2015

Incomplete information, many parties involved, no data sharing system



©2015 Macmillan Publishers Limited. All rights reserved

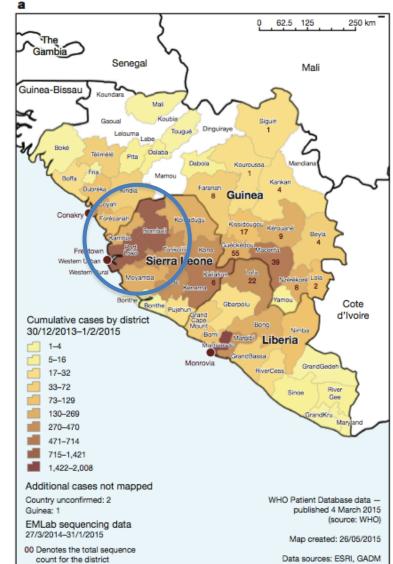
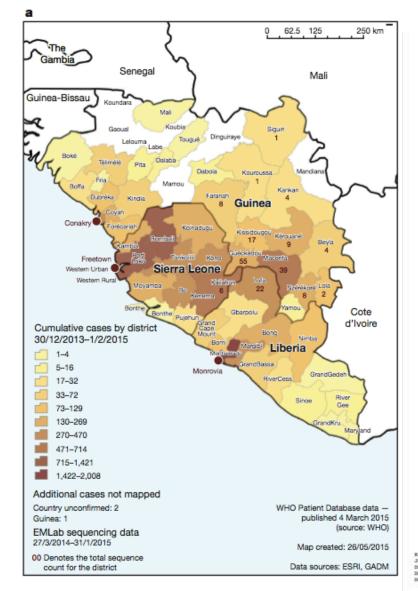


Figure 1 | Geographical location, sequence read depth, and read depth vs C_t value of patient samples. a, Geographical location of patient samples. The

Caroll et al., August 2015



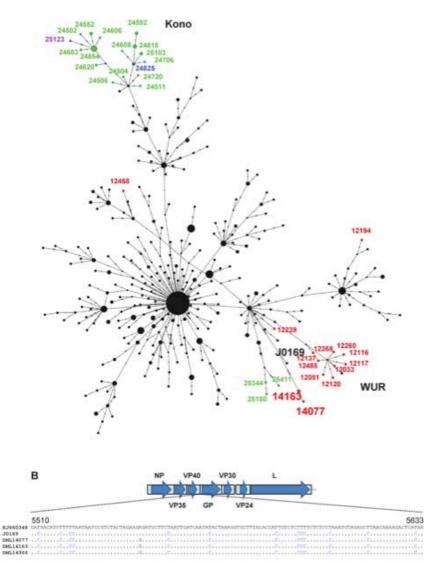


Figure 1 | Geographical location, sequence read depth, and read depth vs C_t value of patient samples. a, Geographical location of patient samples. The

GP: glycoprotein; L: RNA-dependent RNA polymerase L; NP: nucleoprotein; VP: virus protein; WUR: Western Area Urban district.

Caroll et al., 2015; Smits et al., 2015

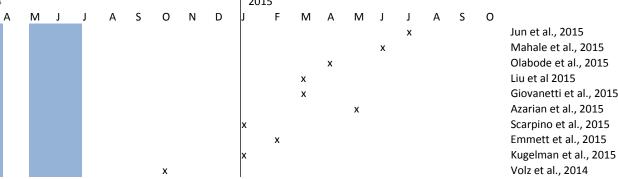
Timeliness of sequence-based disease detection and analysis

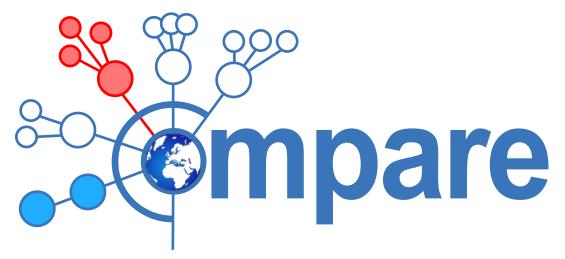
Analysis type	Perio 201											2015									Reference
	М	А	М	J	J	А	S	0	Ν	D	J	F	М	А	М	J	J	Α	S	0	
Cluster analysis																				х	Smits et al., 2015
Case report, cluster analysis																			х		Capobianchi et al., 2015
Case report																х					Catiletti et al., 2015
Case report																			х		Greninger et al., 2015
Timed scale phylogeny, phylogeo																х					Carroll et al 2015
Timed scale phylogeny, phylogeo															х						Tong et al., 2015
Genome wide analysis, evolution																	х				Kugelman et al., 2015
Timed scale phylogeny, evolution																х					Park et al., 2015
Case reports																		х			Lewandowsky et al, 2015
Cluster analysis, evolution													х								Hoehnen et al., 2015
Cluster analysis								х													Maganga et al., 2015
Cluster analysis								х													Baize et al., 2014
Cluster analysis							х														Gire et al., 2014
Analysis type	Perio	d																			Reference
	201	.4										2015									
	М	А	М	J	J	А	S	0	Ν	D	J	F	М	А	М	J	J	А	S	0	
Genome wide analysis																	х				Jun et al., 2015
Genome wide analysis																х					Mahale et al., 2015
Genome wide analysis, evolution														х							Olabode et al., 2015
Evolution													х								Liu et al 2015
Evolution													х								Giovanetti et al., 2015
Evolution															х						Azarian et al., 2015

Cluster analysis

Cluster analysis

Evolution and therapuetics Evolution





COllaborative Management Platform for detection and Analyses of (Re-) emerging and foodborne outbreaks in Europe

A global platform for the sequence-based rapid identification of pathogens

Prof. Frank M. Aarestrup, coordinator (Technical University of Denmark) Prof. Marion Koopmans, deputy coordinator (Erasmus Medical Center, the Netherlands)



This project has received funding from the European Union's Horizon 2020 research and innovation program under grant agreement 643476

Background

- Laboratory diagnostics increasingly rely on (pathogen) genomic information
- RNA / DNA are common across pathogens, therefore, methods to analyse pathogen genomes potentially are universal
- Next generation sequencing capacity is developing fast, and costs are becoming competitive
- Capturing NGS developments may provide a universal language that can be harnessed for early detection of outbreaks across disciplines and domains
- If the technology keeps developing, less equipped labs may leapfrog

COMPARE basics:

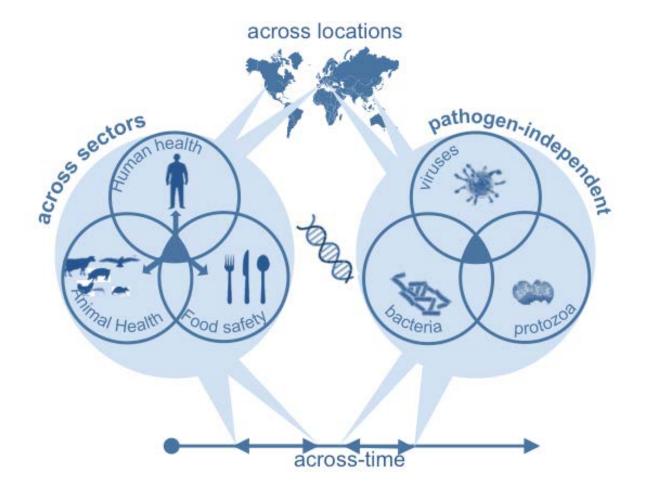
original call text

PHC 7 - 2014) Improving the control of infectious epidemics and foodborne outbreaks through rapid identification of pathogens (see also SC2)

<u>Specific challenge:</u> Human and animal health worldwide is increasingly threatened by potential epidemics caused by existing, new and emerging infectious diseases (including from antimicrobial resistant pathogens), placing a burden on health and veterinary systems, reducing consumer confidence in food, and negatively affecting trade, food chain sustainability and food security.

The increasing incidence and more rapid spread of such diseases are facilitated by modern demographic, environmental, technological and societal conditions. Many of these infections are zoonoses, necessitating an integrated, cross-border, "one health" approach to research and public health measures in the human and veterinary field, including the food chain.

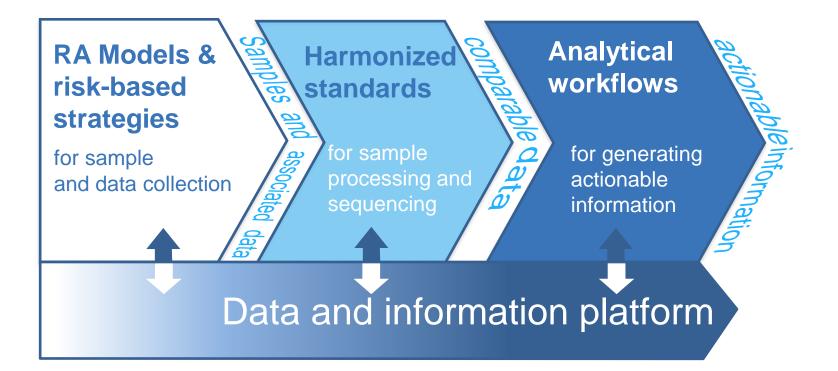
Our vision: to build one system that serves all



COMPARE principles

- COMPARE is a sector, domain and pathogen-independent system;
- analyzing sequence-based pathogen data in combination with associated (clinical, epidemiological and other) data,
- Building on **established infrastructures**
- COMPARE is a **user driven system**, designed with the information needs of its intended diverse group of future users and other stakeholders in mind;
- COMPARE will make **optimal use of existing and future complementary systems, networks and databases** ensuring compatibility where needed;
- COMPARE is a **flexible**, **scalable** and **open-source based** informationsharing platform.
- 1 December 2014 31 November 2019

Analytical framework and globally linked data and information sharing platform.

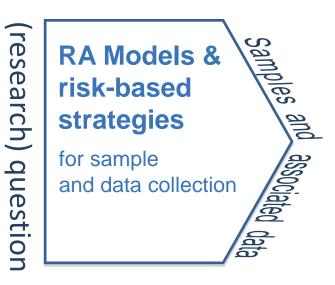




WP1

From question to samples and associated data:

Goal: to develop Risk Assessment (RA) models and risk-based sampling and data collection strategies for Next Generation Sequencing (NGS)-based analyses of food-borne and (re-) emerging infections





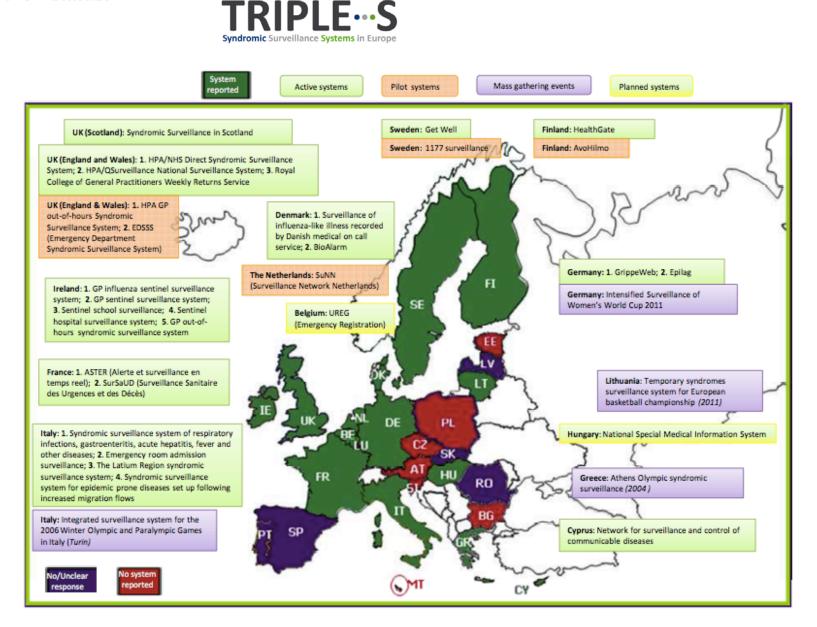




Scenario's:

- •Novel airborne disease, respiratory syndrome
- •Foodborne disease, enteric syndrome
- •Vectorborne disease with fever/rash syndrome

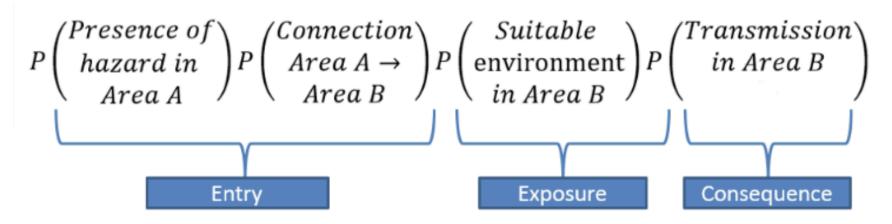
Figure 1. Map of Europe showing names and locations of syndromic surveillance systems and their status.



Task 1.1: Generic framework



Risk of infection in area B due to presence of hazard in area A

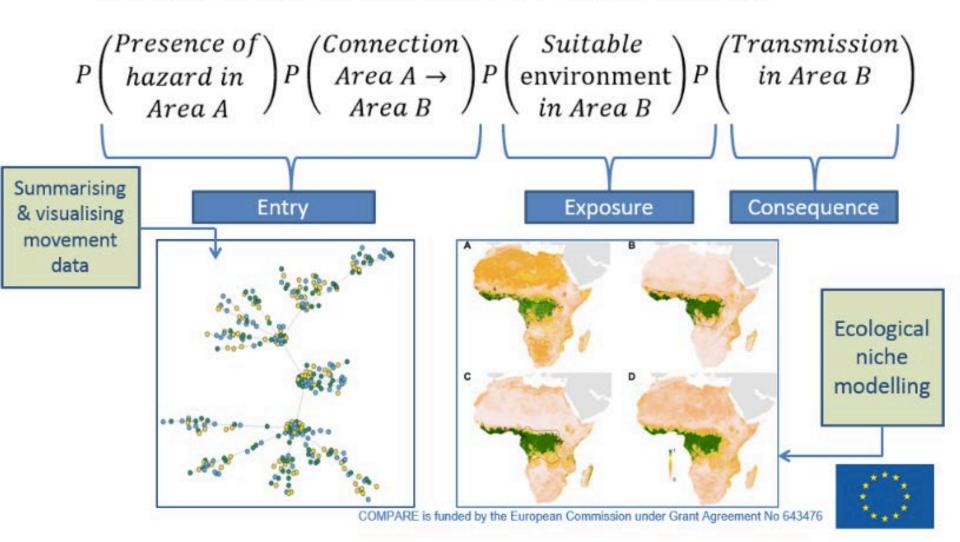




Task 1.1: Generic framework

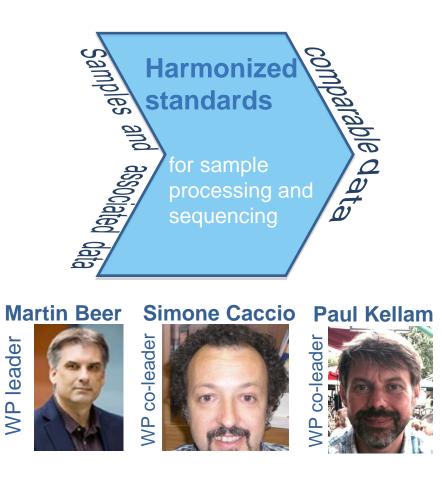


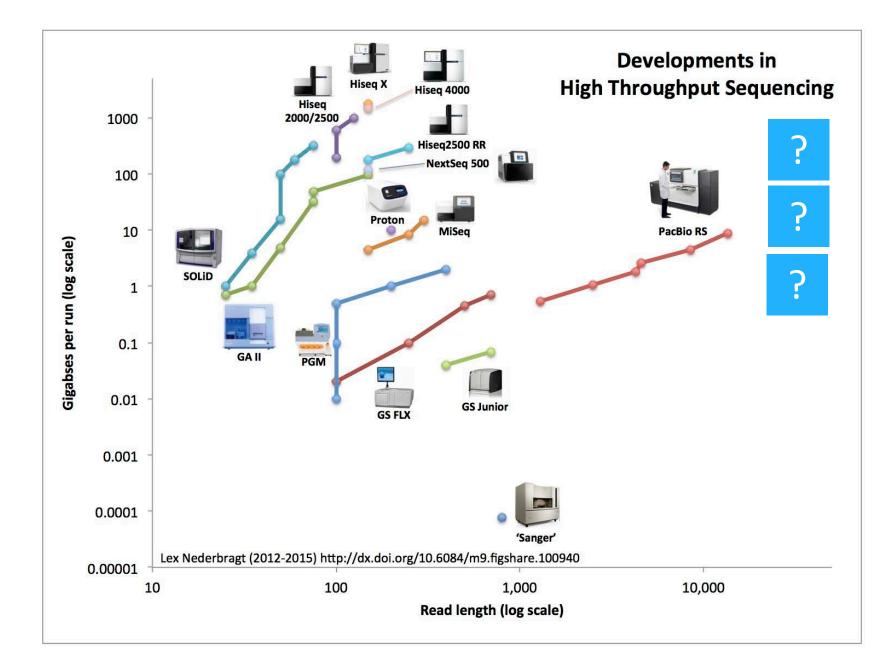
Risk of infection in area B due to presence of hazard in area A



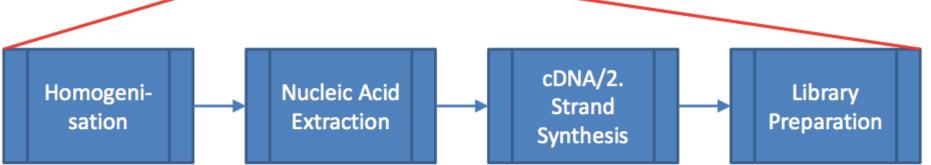
WP2

From samples and associated data to comparable data Goal: to develop harmonised analytical workflows for generation of high quality NGS data in combination with relevant metadata for pathogen detection and typing across sample types, pathogens and domains.





Task 2: Standardised processes for ~e sample processing (Dirk Höper/Simone Caccio) Sequence based pathogen detection and characterization Sample Data Sampling Sequencing Processing Analyses





From comparable data to actionable information Analytical workflows

"Actionable Information" is defined as information that enables users generating/receiving this information to take wellinformed decisions and actions in pursuit of:



From comparable data to actionable information Different users need different Analytical Workflows

tionable

comparable data

Analytical

workflows

for generating

actionable

information



Frontline diagnostics in human and veterinary clinical microbiology

Surbhi Malhortra

Menno de Jong Anne Pohlmann







Detection and analysis of foodborne outbreaks

co-leader

Eva Møller-Nielsen



Tine Hald







Detection and analysis of (re-) emerging outbreaks

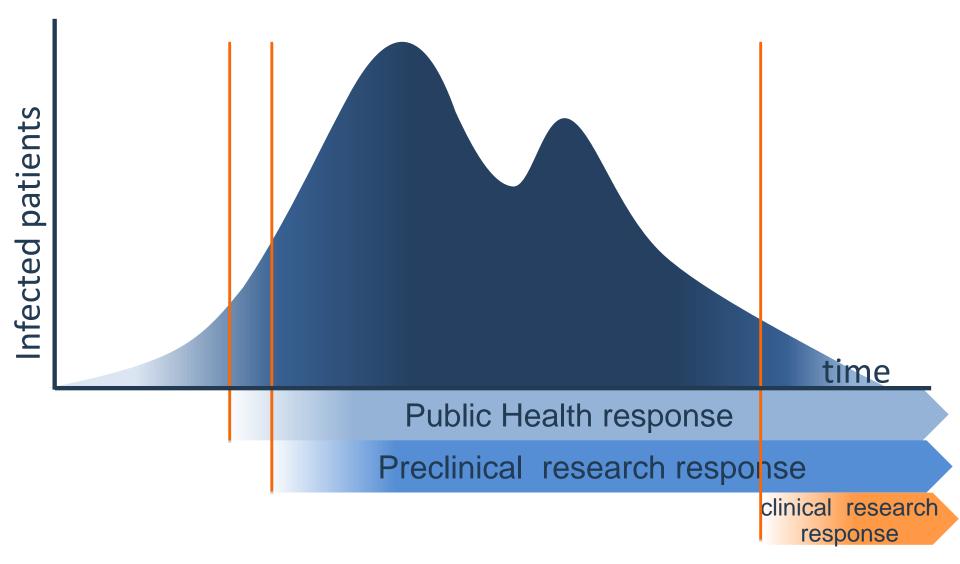
Ron Fouchier



Mark Woolhouse



Clinical research response to ID outbreaks usually fragmented and too late





Epidemic preparedness research: European Union-supported efforts

prediction

- understanding emergence
- surveillance
- modelling
- early recognition and containment
 - surveillance
 - clinical awareness
 - infection control
- clinical research
 - pathogen & disease characterization
 - prevention & treatment
- funding
 - rapid responses



€ 3 M

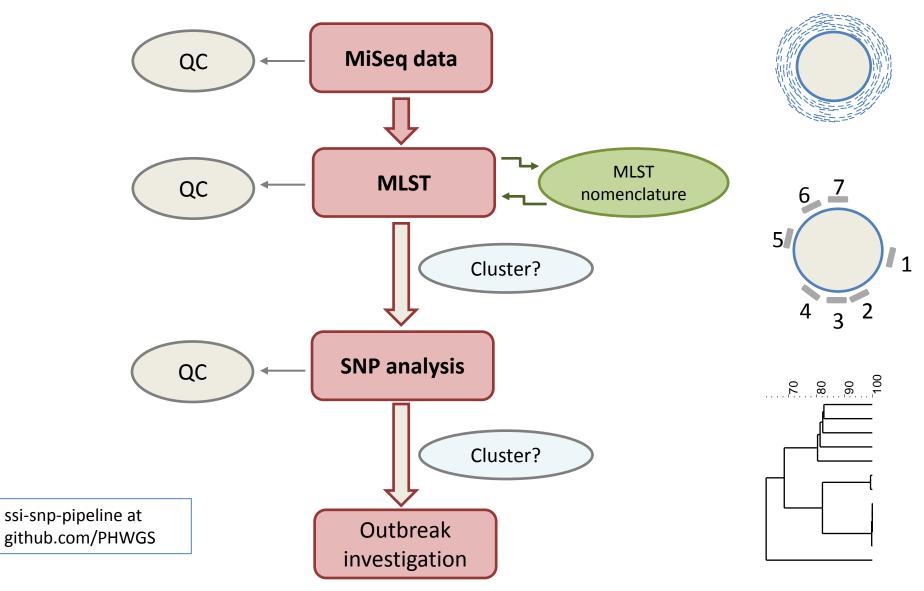
Increasing resolution of foodborne outbreak detection, Listeriosis surveillance in Denmark (courtesy of Eva Moller Nielsen)

Before September 2013:

- PFGE all patient isolates
- Interview when suspected outbreak
- Food isolates from official control are stored, not typed

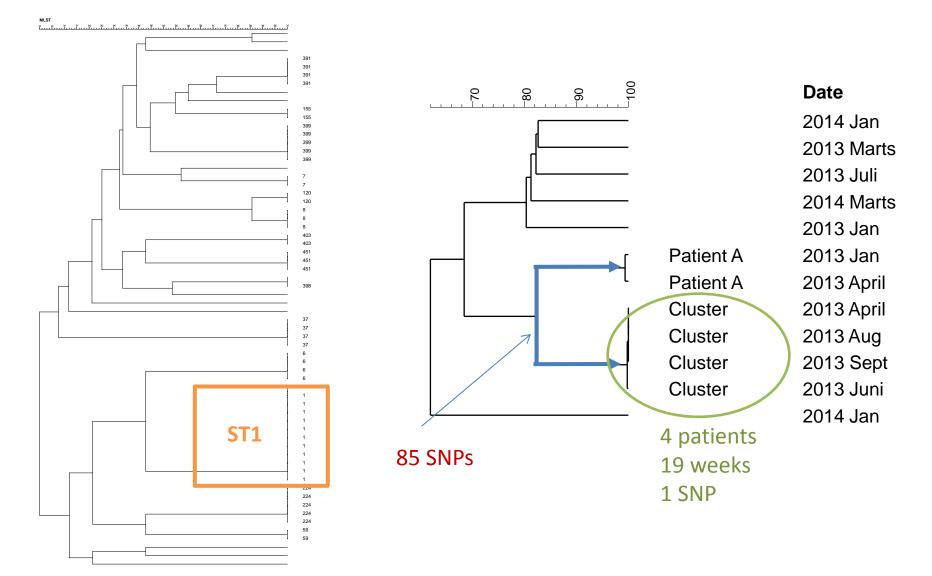
Improved surveillance 2013-14:

- WGS of patient isolates, weekly
- January 2014: follow-up on all patients (incl. interview when possible)
- June 2014: Isolates obtained by control visits by the food authority (FVST) are submitted for WGS at SSI



MLST tree

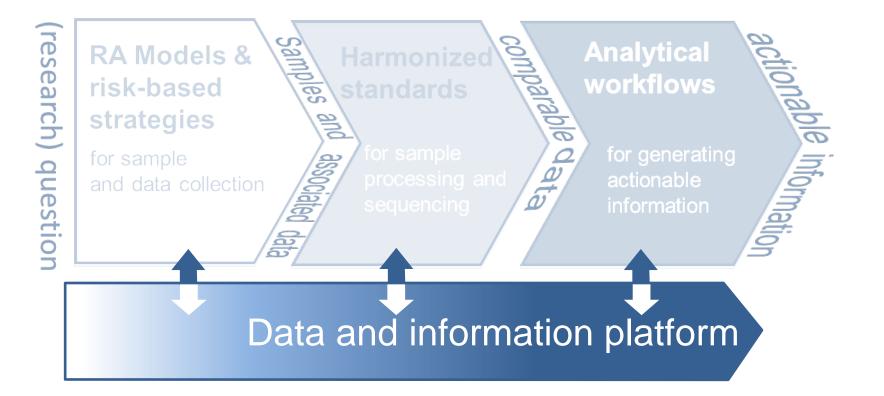
WGS tree: increased resolution



Recent competition on a ASM conference (20 Listeria isolates) WGS

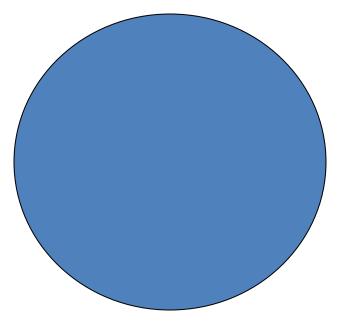
- Do the product isolates from facility #1 match the environmental swabs from facility #1?
 - Easy: Pipeline (species, closest match, MLST followed by snp-tree). Around 2 hours to answer.
- Do the product isolates match any other food/environmental isolates currently in the NCBI/SRA database under BioProjects PRJNA211456 or PRJNA215355?
 - Ca. 2 tera-bytes depending on connection (1 to 10 Gb / h) from 200 to 2,000 hours
 - With 5 days to go we did not manage the challenge

The COMPARE platform



Data comparison problem

Global repositories > 1-1000 Tb data



Client ~1-100 Gb data

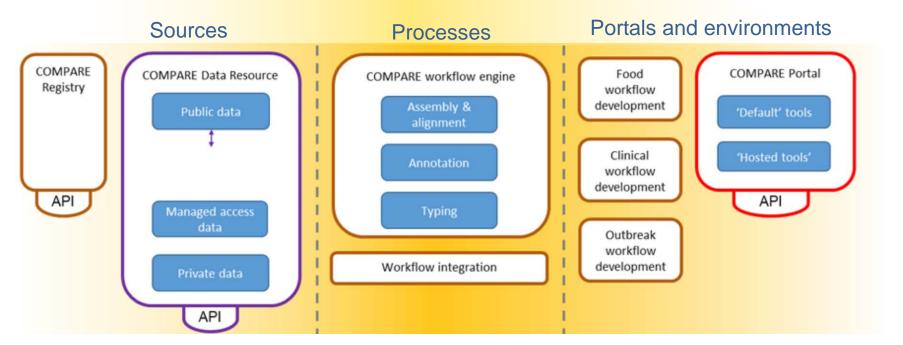
Internet ~1Gb/hour

 \circ

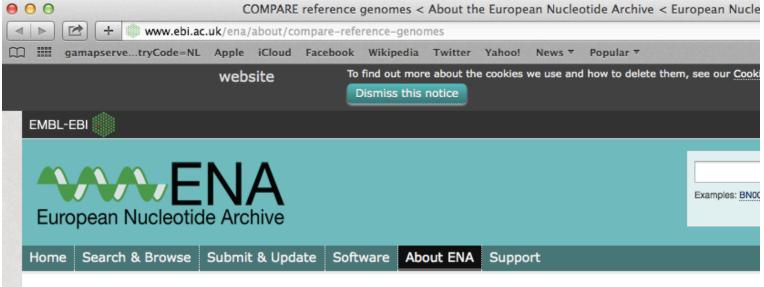
WP9 Information sharing platform

EMB





Building on the EU ESFRI Elixir, Data for Life EMBL and DTU infrastructures



ENA > About ENA > Projects and collaborations > COMPARE reference genomes



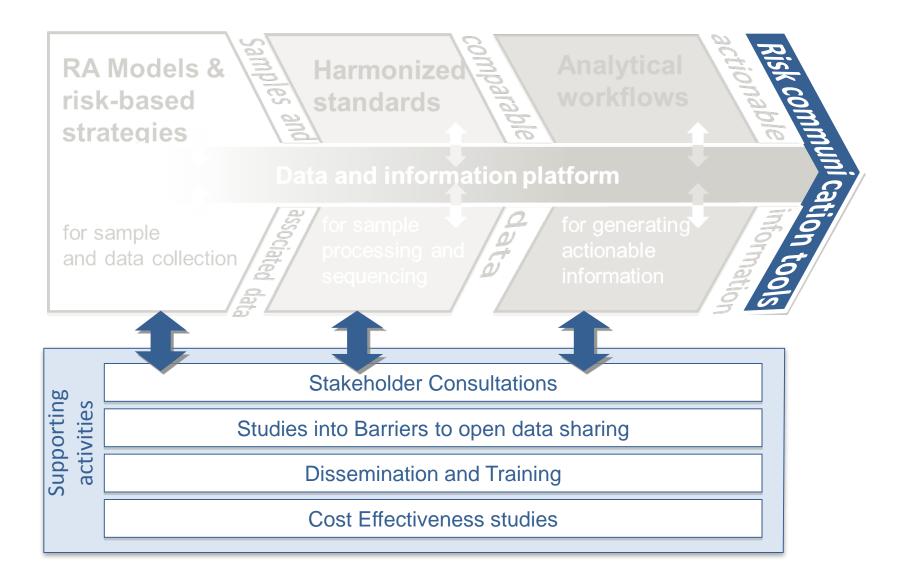
The **CO**llaborative **M**anagement **P**latform for detection and **A**nalyses of (**R**e-) emerging and foodborne outbreaks in **E**urope is a collaboration of 29 institutions with experience in outbreak detection and response in areas of human health, animal health and food safety.

COMPARE Reference Genomes

This COMPARE Reference Genomes page offers a curated selection of published reference sequences covering viral, bacterial and protozoan genomes. These sequences can be searched and retrieved via the following URLs as tagged records in the European Nucleotide Archive (ENA). The complete COMPARE Reference Genomes dataset can be retrieved via the following URL:

http://www.ebi.ac.uk/ena/data/xref/search?source=COMPARE-RefGenome

WPs 10-14: supporting activities



WP12 barriers to open data sharing

The willingness of all envisaged COMPARE users users to rapidly share their data with others is a crucial prerequisite for COMPARE having an impact on rapid pathogen/outbreak detection and mitigation. There are various barriers or bottlenecks to rapid and open sharing of sequence-based data and contextual metadata that influence the impact of COMPARE (e.g Publication priorities, Protection of Foreground, Exploitation of Foreground, fear of loss of control/capacity and capability gaps, Reputation/ Economic damages).

George Haringhuizen



The goal of WP12 is to identify, clarify and, as far as feasible, develop practical solutions for Political, Ethical, Administrative, Regulatory and Legal (PEARL) barriers, that hamper the timely and openly sharing of data through COMPARE.

Conclusions

- WGS/NGS is rapidly entering diagnostic and public health arena, with near real time data generation
- Sequence platforms rapidly developing, cheaper, simpler
- Bottleneck at level of bioinformatics, particularly for intergroup comparison, national, international
- COMPARE aims to develop infrastructure and ICT to meet the coming demand
- In 1-2 years, we will be seeking partners for pilot projects



http://globalhealth.ie